



ATTACHMENT C: Vendor Qualifications and Experience

1. Organization Overview

1.1 Organization Overview

Company name:	Intelvox LLC
Name of Parent Company:	N/A
Industry (North American Industry Classification System NAICS)	56142
Type of Legal Entity	LLC Corporation
Company Ownership	Private
Number of Full-Time Employees	175
Last Fiscal Year Company Revenue	\$3,852,269
Last Fiscal Year Company Net Income	\$620,728
Percentage of Revenue from State and Local Government Clients In the United States and its Territories	18.6%
Number of Years in Business	3
Number of Years Vendor has been Providing the Type of Services Specified in the RFP	2
Number of Employees Providing The Type of Service Specified in the RFP	75

Headquarters in the United States	None
Locations in the United States	None
1.2 Subcontractor Overview	N/A

2. Mandatory Qualifications: Table 9

Mandatory Qualification Item(s)	Vendor Meets?	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
The vendor must have at least three (3) years of experience in establishing and maintaining a contact center of similar size, scope, and complexity as described in this RFP.	YES	Year 1: 55 employees Year 2: 110 employees Year 3: 185 employees
The vendor must demonstrate at least three (3) years' experience in Medicaid, Medicare, and/or other federally regulated operations (e.g., CMS, Internal Revenue Services [IRS], FCC).	YES	Since 2019 we have been servicing Medicare y Mucho Mas (MMM)
The vendor must include at least three (3) references from clients within the last three (3) years that demonstrate the vendor's ability to perform the scope of work described in this RFP.	YES	Medicare y Mucho Mas (MMM) Mrs. Erika Gandía -787-691-0418 PR Health Dept. Mr. Esdras Vélez -0787-635-4714 Dept. de la Familia: Mr. Juan Cana -787-923-6467

3. Existing Business Relationships with Puerto Rico

During the last two years, we have, consistently, serviced PR Health Department providing orientations for TDF platforms, Executive Orders, and COVID-19 related issues. Furthermore, during the same period, we have serviced Departamento de la Familia and its ACUDEN benefits.

4. Business Disputes: None

5. References:

Medicare y Mucho Mas (MMM); Mrs. Erika Gandía tel: 787-691-0418; email: erika.gandia@mmmhc.com

5.1 Vendor (Prime) References Form

Table 10: Vendor References

Vendor Information

Vendor Name: Intelvox LLC Contact Name: Erick I Morales
Contact Phone: 787-565-8760

Customer Information

Customer Organization: MMM Contact Name: Erika Gandía

Contact Title: Member Engagement Director

Customer Address: PO Box 7114, San Juan, PR 00939-0418 Contact Phone: 787-691-0418

Contact Email: Erika.gandia@mmmhc.com

Total Vendor Staff: 48 avg

Objectives: Open Enrollment Period.

Description: New season to present medical plan coverages

Vendor Information

Vendor's Involvement: Inbound/Outbound to affiliates

Key Personnel

Name: Hector Quiñonez Role: Project Supervisor

Name: Aysha Serrano Role: Project agent's coordinator

Measurements:

Estimated Costs: \$825k Actual Costs: \$848k

Reason(s) for change in cost: change in Minimum Salary rate

Original Value of Vendor's Contract: \$1.8mm Actual Total Contract Value: \$1.7mm

Reason(s) for change in value: change in calls volume

Estimated Start & Completion Dates: From: October 1rst To: December 31rst

Actual Start & Completion Dates: From: October 15th To: December 31rst

Reason(s) for the difference between Estimated and Actual dates: Client's strategy

If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities: N/A

5.2 Subcontractor References: N/A